

# **ABSTRACT**

## **Background**

Since fever with thrombocytopenia is one of the most common presenting feature in most of the infectious and some of the systemic diseases. So there is in need for developing a scoring system to assess the prognosis and early predictors of mortality in those cases. So aim of our study is to develop a early warning score in febrile thrombocytopenic patients.

## **Materials and methods**

Our study includes 100 cases of febrile thrombocytopenic patients selected randomly admitted in the study period with inclusion and exclusion criteria. Those patients are evaluated by history , clinical examination and basic laboratory investigations and some specific investigation if needed.

## **Results**

By analyzing the vital signs and systemic involvement of patients admitted with fever and thrombocytopenia at the time of addmission , a scoring system was derived. According to that, patients having higher score have worse prognosis and needs intensive care and timely intervention. Low risk (score upto 9), moderate risk (10-18), high risk (19 and above) . The platelet count is not the only tool for prediction of prognosis in those cases. This scoring method includes vital signs, system involvement and other features. So this

could be a better method for assessing febrile thrombocytopenic patients than the platelet count alone.

## **Conclusion**

The early warning scoring system formulated in our study may serve as an inexpensive, reproducible, clinically bedside tool for evaluating fever with thrombocytopenia patients and helping in assessment of the patient's prognosis in early stage and decide for intensive management. It will help clinicians to be more alert in febrile thrombocytopenic patients with systemic illness and it will guide early interventions in patients with a higher score so that these patients can make a complete recovery.

**Keywords : Fever, thrombocytopenia, warning, score, systemic involvement.**